

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Application for a Class E Household Goods  
Certificate from Septian Jones dba Coast to Coast  
Movers**

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2019 - 68 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Septian JonesTelephone: 843 3012240Address: 96 Matthews Drive APT. 224

Fax: \_\_\_\_\_

Hilton Head, SC 29926

Other: \_\_\_\_\_

Email: dorsett26@yahoo.ocm

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate                            |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority                               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)                     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input checked="" type="checkbox"/> Request  |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit  |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit   |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter  |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition  |
| <input type="checkbox"/> Request for Reinstatement  | <input checked="" type="checkbox"/> Other: <u>Address, Rates, &amp; Scope of Authority</u> |

RECEIVED  
 MAY 06 2019  
 PSC SC  
 CLERK'S OFFICE

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 5-2-2019

☒ E (HHG) - Household Goods☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application☐ Amended Scope of Authority

Current Scope:

(list counties)

Amended Scope:

(list counties)

1.

Coast to Coast Movers

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

96 Matthews Drive APT. 224, Hilton Head, SC 29926

Street Address of Applicant

5 Kids Way, Hilton Head, SC 29926

Mailing Address of Applicant (if different from street address)

8433012240

Phone

FAX

dorsett26@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

1. One person \$60/hr
2. Two person's \$150/hr
3. Three person's \$170/hr
4. Four person's \$190/hr
5. Five person's \$210/hr
6. Six or more person's \$230/hr

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

- ☒ Household Goods, as defined in R103-210(1)
- ☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |                                       |  |                                     |                                       |
|--|---------------------------------------|--|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence          | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda       |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown        | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville        | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood         | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton           | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry             | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York         |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input checked="" type="checkbox"/> Jasper | <input type="checkbox"/> Oconee     |                                       |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw           | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster         | <input type="checkbox"/> Pickens    |                                       |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens           | <input type="checkbox"/> Richland   |                                       |

**Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.**

Septian Jones  
Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

**Exempt Applicants** - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes ☒ Not Applicable

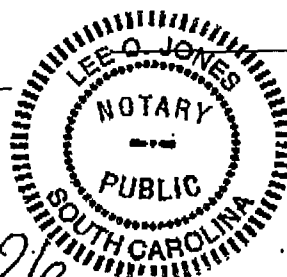
I, Septian Jones, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME  
This 3rd day of May, 20 19

Lee O. Jones  
Notary Public

Commission Expires

October 21, 2021



[Signature]  
Applicant's Signature